Rehab and your GP

Project recommendations

FOR GENERAL PRACTITIONERS (GPS)

- Ensure you have access to eHealth information sharing platforms such as the Viewer
- Talk to your team (including reception staff / Practice Manager) about facilitating participation in discharge planning through:
  - case conferencing – book a long consult
  - longer initial consults for patients being transferred from Inpatient Rehabilitation Units

FOR INPATIENT REHABILITATION TEAMS

- Provide a centralised and generic point of contact for your service to GPs
- Ensure your service is included in the relevant Rehabilitation Service Directories and your service's contact details are up to date
- Ensure you are aware of the General Practitioner Liaison Officer (GPLO) role as a resource

UPON ADMISSION TO THE INPATIENT REHABILITATION UNIT

- Patient's ongoing GP is identified
- Obtain consent to contact
- Those patient's who do not identify an ongoing GP are supported to find one
- GP notified of patient admission to the Inpatient Rehabilitation Unit

DURING THE ADMISSION TO THE INPATIENT REHABILITATION UNIT:

- GP invited to participate in discharge planning meetings, as appropriate
- Ensure the patient is aware of any potential out-of-pocket expenses for this involvement and consents to it proceeding
- Where possible, include the patient in the case conferencing
- GP and Inpatient Rehabilitation Unit Staff aware of Medicare Billing items to support above

PRIOR TO TRANSFER OF CARE FROM THE INPATIENT REHABILITATION UNIT BACK TO THE COMMUNITY:

- Patient given timeline of when to see GP following transfer of care
- First GP appointment booked prior to transfer of care
- Sufficient time allocated for the initial GP appointments following transfer of care
- Relevant discharge documentation provided to the GP in a timely manner at transfer of care

STRATEGIES FOR IMPLEMENTATION:

- Establish a Clinical Champion
- Define the Clinical Priorities for your service
  - i.e. which patient cohorts will you target for these recommendations
- Plan who will be responsible for each recommendation
  - refer to suggestions on back of recommendation and roles document as a starting point
- Trial this new model of care with one or two patients initially
- Embed the new model of care into existing pathways, documentation and procedures